

Hip disability and Osteoarthritis Outcome Score (HOOS)

INSTRUCTIONS: This survey asks for your view about your hip. This information will help us keep track of how you feel about your hip and how well you are able to do your usual activities.

Answer every question by ticking the appropriate box. If you are unsure about how to answer a question, please give the best answer you can.

Symptoms - These questions should be answered thinking of your hip symptoms during the **last week**.

S1. Do you feel grinding, hear clicking or any other type of noise from you hip?

Never Rarely Sometimes Often Always

S2. Difficulties spreading legs wide apart

None Mild Moderate Severe Extreme

S3. Difficulties to stride out when walking

None Mild Moderate Severe Extreme

Stiffness - The following questions concern the amount of joint stiffness you have experienced during the **last week** in your hip. Stiffness is a sensation of restriction or slowness in the ease with which you move your hip joint.

S4. How severe is your hip joint stiffness after first wakening in the morning?

None Mild Moderate Severe Extreme

S5. How severe is your hip stiffness after sitting, lying or resting **later in the day**?

None Mild Moderate Severe Extreme

Subtotal: 0

Pain

P1. How often is your hip painful?

Never Monthly Weekly Daily Always

What amount of hip pain have you experienced the **last week** during the following activities?

P2. Straightening your hip fully

None Mild Moderate Severe Extreme

P3. Bending your hip fully

None Mild Moderate Severe Extreme

P4. Walking on flat surface

None Mild Moderate Severe Extreme

P5. Going up or down stairs

None Mild Moderate Severe Extreme

P6. At night while in bed

None Mild Moderate Severe Extreme

P7. Sitting or lying

None Mild Moderate Severe Extreme

P8. Standing upright

None Mild Moderate Severe Extreme

P9. Walking on a hard surface (asphalt, concrete, etc)

None Mild Moderate Severe Extreme

P10. Walking on an uneven surface

None Mild Moderate Severe Extreme

Subtotal:

Function, daily living - The following questions concern your physical function. By this we mean your ability to move around and to look after yourself. For each of the following activities please indicate the degree of difficulty you have experienced in the **last week** due to your hip.

A1. Descending stairs

None Mild Moderate Severe Extreme

A2. Ascending stairs

None Mild Moderate Severe Extreme

A3. Rising from sitting

None Mild Moderate Severe Extreme

A4. Standing

None Mild Moderate Severe Extreme

A5. Bending to floor/pick up an object

None Mild Moderate Severe Extreme

A6. Walking on flat surface

None Mild Moderate Severe Extreme

A7. Getting in/out of car

None Mild Moderate Severe Extreme

A8. Going shopping

None Mild Moderate Severe Extreme

A9. Putting on socks/stockings

None Mild Moderate Severe Extreme

A10. Rising from bed

None Mild Moderate Severe Extreme

A11. Taking off socks/stockings

None Mild Moderate Severe Extreme

A12. Lying in bed (turning over, maintaining hip position)

None Mild Moderate Severe Extreme

A13. Getting in/out of bath

None Mild Moderate Severe Extreme

A14. Sitting

None Mild Moderate Severe Extreme

A15. Getting on/off toilet

None Mild Moderate Severe Extreme

A16. Heavy domestic duties (moving heavy boxes, scrubbing floors, etc)

None Mild Moderate Severe Extreme

A17. Light domestic duties (cooking, dusting, etc)

None Mild Moderate Severe Extreme

Subtotal:

Function, sports and recreational activities - The following questions concern your physical function when being active on a higher level. The questions should be answered thinking of what degree of difficulty you have experienced during the **last week** due to your hip.

SP1. Squatting

None Mild Moderate Severe Extreme

SP2. Running

None Mild Moderate Severe Extreme

SP3. Twisting/pivoting on your injured knee

None Mild Moderate Severe Extreme

SP4. Walking on uneven surface

None Mild Moderate Severe Extreme

Subtotal:

Quality of Life

Q1. How often are you aware of your hip problem?

Never Monthly Weekly Daily Constantly

Q2. Have you modified your life style to avoid potentially damaging activities to your hip?

Not at all Mildly Moderately Severely Totally

Q3. How much are you troubled with lack of confidence in your hip?

Not at all Mildly Moderately Severely Extremely

Q4. In general, how much difficulty do you have with your hip?

None Mild Moderate Severe Extreme

Subtotal: